

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90743 014 \*\*\*150.00

0190014 AV

**DOCUMENT # M92424**

1. Entity Name

**METRO CAULKING & WATERPROOFING, INC.**



Principal Place of Business

1900 NW 32ND ST.

STE A

POMPANO BCH FL 33064

US

Mailing Address

1900 NW 32ND ST.

STE A

POMPANO BCH FL 33064

US

2. Principal Place of Business

**3147 JUPITER PARK CIRCLE**

3. Mailing Address

**3147 JUPITER PARK CIRCLE**

Suite, Apt. #, etc.

**STE 2**

Suite, Apt. #, etc.

**STE 2**

City & State

**JUPITER, FL**

City & State

**JUPITER, FL**

Zip

**33458**

Country

Zip

**33458**

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**65-0055220**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ANDERSON, TIMOTHY K**

**631 US HIGHWAY ONE**

**STE 408**

**N. PALM BCH. FL 33408**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**675 W. Indian town Rd Suite 103**

City

**Jupiter**

**FL**

Zip Code

**33458**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                    |                                 |
|----------------|------------------------------------|---------------------------------|
| TITLE          | <b>P</b>                           | <input type="checkbox"/> Delete |
| NAME           | <b>TUFO, JAMES J.</b>              |                                 |
| STREET ADDRESS | <b>7901 SE CANAAN WAY</b>          |                                 |
| CITY-ST-ZIP    | <b>JUPITER FL 33458</b>            |                                 |
| TITLE          | <b>V</b>                           | <input type="checkbox"/> Delete |
| NAME           | <b>SNYDER, JEFF B.</b>             |                                 |
| STREET ADDRESS | <b>10152 NW 24TH ST</b>            |                                 |
| CITY-ST-ZIP    | <b>CORAL SPRINGS FL</b>            |                                 |
| TITLE          | <b>S</b>                           | <input type="checkbox"/> Delete |
| NAME           | <b>TUFO, VICKI S.</b>              |                                 |
| STREET ADDRESS | <b>7901 SE CANAAN WAY</b>          |                                 |
| CITY-ST-ZIP    | <b>JUPITER FL 33458</b>            |                                 |
| TITLE          | <b>T</b>                           | <input type="checkbox"/> Delete |
| NAME           | <b>BARNARD, BARRY R.</b>           |                                 |
| STREET ADDRESS | <b>1965-4 WEST MINISTER CIRCLE</b> |                                 |
| CITY-ST-ZIP    | <b>VERO BEACH FL 32966</b>         |                                 |
| TITLE          |                                    | <input type="checkbox"/> Delete |
| NAME           |                                    |                                 |
| STREET ADDRESS |                                    |                                 |
| CITY-ST-ZIP    |                                    |                                 |
| TITLE          |                                    | <input type="checkbox"/> Delete |
| NAME           |                                    |                                 |
| STREET ADDRESS |                                    |                                 |
| CITY-ST-ZIP    |                                    |                                 |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/28/03**

**561-746-3557**

Date

Daytime Phone #

CR2E034 (10/02)